

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16932

FILED JUN 3 1944

Registration District No. 1944

Primary Registration District No. 1002

Registrar's No. 2302

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 East 31st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 40 years.
years, months or days)

3. (a) PRINT FULL NAME Jerome B. Bray,

3. (b) If veteran, no. name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josie Bray 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased November 19 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 9 hr. min.

9. Birthplace Glasgow, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business X

MOTHER FATHER { 12. Name Henry Bray
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hayne
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josie Bray,
(b) Address 235 Ward Parkway, Kansas City, Mo.
Burial (c) Date thereof 5-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.
19. (a) 5-29-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 235 Ward Parkway
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1944 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner to 19;
that I last saw him and that death occurred on the date and hour stated above. 19;
Immediate cause of death Arteriosclerotic heart
Disease
932

Due to Arteriosclerotic heart
Due to 932
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Inspection & History

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature D. E. Upsher (M. D. or other)
123 M. Cloy Date signed 5/28/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed John H. L. L. L.
Licensed Embalmer No. 4058
P. O. Address Kansas City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.